

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 4 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41219

State File No.

Registrar's No. 4960

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution St. Joseph Hospital
(If no hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
In this community 20 years
years, months or days

3. (a) PRINT FULL NAME IRA A WHITCOMB

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color White 6. (a) Single, widowed, married married
(b) Name of husband or wife Lucy May Whitcomb (c) Age of husband or wife if alive Jan. 7 - 1866 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Belfast, Maine (City, town or county) (State or foreign country)

10. Usual occupation Retired Coal Miner

11. Industry or business

12. Name Benjamin Whitcomb

13. Birthplace Maine (City, town or county) (State or foreign country)

14. Maiden name Mary Gay

15. Birthplace Maine (City, town or county) (State or foreign country)

16. (a) Informant Frank Whitcomb

(b) Address 10009 Kentucky Ave

17. (a) Burial (b) Date thereof Jan 2-42
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Home, Hannibal

18. (a) Signature of funeral director George Carson

(b) Address Independence, Mo.

19. (a) 12-31-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Fairmount Mo. R.R. 048
(If outside city or town limits, write "RURAL")
(d) Street No. 10009 Kentucky Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1941 hour 8 minute 15 a. M.

21. I hereby certify that I attended the deceased from 9/14 1941, to 12/31 1941
that I last saw him alive on 12/31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial asthma

Due to myocarditis

Due to hypertrophied prostate

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 137a

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Dr. Carson (M. D. or other) MD
Address 10307 Indiana Date signed 1/1/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed

Dean K. Sub

Licensed Embalmer No.

2467

P. O. Address

Independence, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.